

# Consumer Council News

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## **VA Waiting Lists**

**The VA is now experiencing waiting lists for Veterans to be seen for care. The new eligibility legislation brought more veterans into the system and there are now plans underway to manage the growing workload at VA Medical Facilities. An action plan was prepared in June for presentation to VA Secretary Principi. The objective is to provide appointments to those on waiting lists within six months. An additional \$400 million will be used to help this problem.**

Newsletter sponsored by  
VA Mental Health  
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## Future Directions for VHA

Dr. Robert Roswell, undersecretary of health for the Department of Veterans Affairs talked to Congress about improving VA care and cutting costs by shifting health care into clinics, and veterans' own homes.

For the aging veteran, Dr. Roswell stated that it is important to look to alternatives like home care when facing the growing aging population within VA. He wants to continue to move the focus of care from the hospital to the outpatient clinic, to the community, and into the homes of veterans.

Dr. Roswell is advocating for reducing variation in the 21 VISNs (Veteran Integrated Networks). He hopes to do this with comprehensive strategic planning involving all key stakeholders and careful alignment of the

performance measurement system with VA strategic goals.

Dr. Roswell is taking over management of the VA health care system at a time when it is faced with long waiting lists, a budget shortfall, and frustration from providers, veterans and even members of Congress.

In the future, Dr. Roswell, sees a role for technology. The use of telemedicine can reduce travel time and provide more information to clinicians in isolated settings. He hopes that the mail-order pharmacy can serve to cut down costs. At the core of the demand for care is

Priority seven veterans who have come to VA when the new eligibility enrollment system was enacted.



## How long does it take to rule on a Benefits Claim?

Secretary Anthony Principi has pledged to reduce the more than 650,000 benefits claims now in the VA system. It takes an average of nine months to rule on a claim and Mr. Principi is trying to reduce that time to 74 days. Why is there a problem? In order to reduce the backlog it will take a combination of more staff to process claims and more training to reduce mistakes that require veterans to file an appeal. This year President Bush backed up his promise to review the VA claims process with \$58 billion added to the VA budget that included \$1.2 billion earmarked for reducing the time veterans must wait to get a decision on their claims. Veterans 70 years or older are the agency's primary focus. There are 6,000 claims in the pipeline for veterans age 70 or above. VA

estimates these veterans are dying at a rate of 1,369 each day and have a typical life expectancy of less than 10 more years. A special team of claims experts is pulling the files of all veterans age 70 or older whose benefit applications have been pending for more than a year. A major problem is the National Personnel Records Center in St. Louis, Mo where veterans have to request records. Military records are stored in cardboard boxes on 10-foot-high shelves. All searches of the 55 million personnel files and 89 million supplemental records must be done by hand. This takes 54 days on average. An effort is underway to computerize the system and train the staff to process claims.

## Does Cost of Drugs impact medication compliance?

The cost of drugs is escalating and co-payments are on the rise. How does this effect compliance with medication? The American Journal of Public Health recently published "Prescription Noncompliance due to Cost Among Adults with Disabilities in the United States" (July 2002, Vol 92, No.7) . The analyses involved 25,805 respondents to the Disability Follow-Back Survey. The population was older with 35% being 65 years or older and 19% had incomes at or below the poverty level. This study estimated national prevalence rates of medication noncompliance due to cost and resulting health problems among adults with disabilities. Almost 70% of the disabled adult population-about 28 million people-reported having been prescribed 1 or more medications. An estimated 3.8 million adults reported that they did not always use their medications as prescribed. About 1.3 million adults cited 1 or more concerns related to cost. All noncompliant respondents were asked whether they

had experienced any adverse health consequences. More than half identified 1 or more resulting health problems. The most common problems involved exacerbation of conditions or symptoms. The disabled adults without insurance were nearly 4 times more likely than those with private insurance to report medication noncompliance due to cost. Most of the 1.3 million disabled adults identified in this study would not be helped by any of the current proposals to expand Medicare drug coverage, because only 27% received Medicare. The findings indicated that people who were in poorer health or who took more medications were also at higher risk of cost-associated noncompliance. The conclusion was that prescription noncompliance due to cost is a serious problem for many adults with chronic disease or disability. This clearly points out a need to develop a national policy for persons with disability that goes beyond the Medicare debate.

## Debate about Placebo Studies and Persons with Mental Illness

The placebo debate is now at the center of a raging ethical and scientific debate. At the heart of the argument is whether patients participating in trials of new drugs should be denied currently acceptable treatment of their illness in order to ensure the purity of the science of the study. Placebos have been a key tool in the testing of new drugs for decades. Patients are not told if they are receiving the placebo or the actual medication. The problem for those in the mental health field is the question of whether it is ethical to use placebos for patients with illnesses such as schizophrenia. The FDA(Federal Drug Administration) has long considered the use of placebo the gold standard in evaluating potential new drugs. Many believe that placebos will be the key to developing a new generation of antipsychotics in the next five to 10

years. Critics of placebos say they should not be used for people suffering from schizophrenia because patients currently on antipsychotic medication must go through a "washout"period of up to a few weeks, in which they must stop taking their old medication before beginning the new drug. This could lead to the start of symptoms such as hallucinations and delusions. The National Depressive and Manic-Depressive Association issued a consensus statement that "placebo has a definite role in mood disorder studies". The consumers want a say in making the decisions. The questions revolve around when and how and who should receive placebos. Canada may be the first country to develop a national policy governing the scientific and ethical use of placebos and it is hoped other countries will look closely at their

## Information and Resources

August 9-11, 2002  
National DMDA Annual Conference  
Orlando, Florida  
1-800-826-3632